



## **Enroll a Pharmacist as a Rendering Provider**

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# Enrolling a Pharmacist

## Accessing ProviderOne

- Before logging into ProviderOne:
  - ✓ Make sure you are using Microsoft Internet Explorer version 6.0 and above.
  - ✓ You turn **OFF** the Pop Up Blocker.
  - ✓ You are using a PC (MACs are not supported by ProviderOne).

# Enrolling a Pharmacist

- There are two ways to enroll a Pharmacist:
  - ✓ The Pharmacist can self enroll; or
  - ✓ The Pharmacy business office may enroll the Pharmacist.
- Each enrollment option has a different starting point but the enrollment screens and data are the same.

# Enrolling a Pharmacist – Self Enrollment

- Go to the Provider Enrollment web page at <http://hrsa.dshs.wa.gov/ProviderEnroll/enroll.shtml#provider>

## Step 3: complete the online enrollment application process.

You can apply to become a Washington State Medicaid provider using our online enrollment application. You need to mail all required documentation and signatures. At the end of the application process, you will be given instructions for mailing the necessary documents.

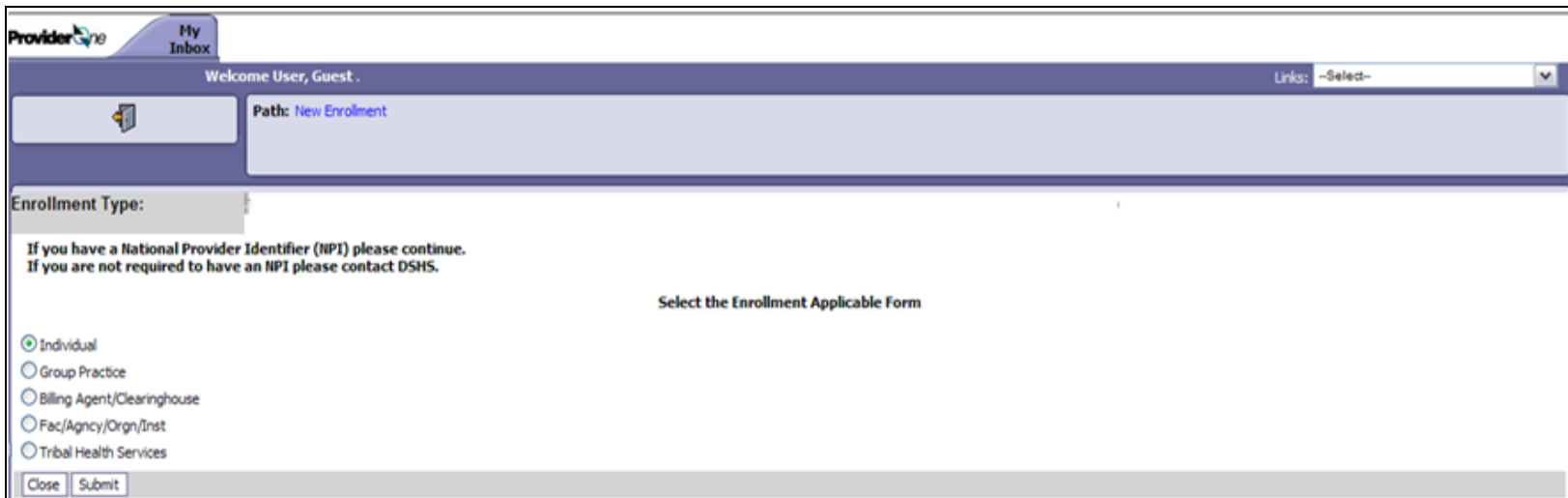
There is help available on each screen as you move through the application. If you have any questions, you may contact our customer service at 1-800-562-3022, ext. 16137.

[Access online enrollment application](#)

- Click on the hyperlink “**Access online enrollment application**”.

# Enrolling a Pharmacist – Self Enrollment

- You will now be at the beginning point of the self enrollment screen as a “Guest User.”

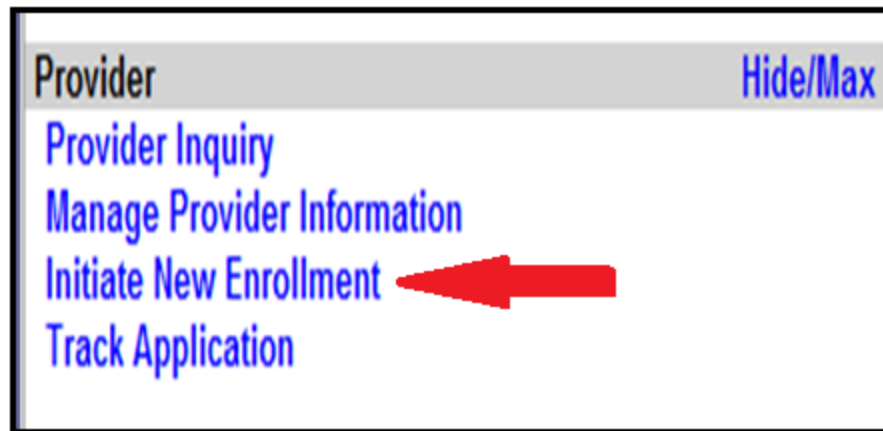


The screenshot shows the Provider360 web application interface. At the top, there is a navigation bar with a 'My Inbox' tab. Below this, a purple banner displays 'Welcome User, Guest.' and a 'Links: -Select-' dropdown menu. A breadcrumb trail indicates the current path: 'Path: New Enrollment'. The main content area is titled 'Enrollment Type:' and contains the following text: 'If you have a National Provider Identifier (NPI) please continue. If you are not required to have an NPI please contact DSHS.' Below this text, a heading reads 'Select the Enrollment Applicable Form'. There are five radio button options: 'Individual' (which is selected), 'Group Practice', 'Billing Agent/Clearinghouse', 'Fac/Agency/Orgn/Inst', and 'Tribal Health Services'. At the bottom of the form, there are 'Close' and 'Submit' buttons.

- Click on “Individual” to begin the enrollment.

# Enrolling a Pharmacist – Business Office

- The Business Office Staff log into the Domain.
- Log into ProviderOne using the File Maintenance or Super User profile.



- ✓ Under Provider click on the hyperlink **“Initiate New Enrollment.”**

# Enrolling a Pharmacist

**Enrollment Type:**

If you have a National Provider Identifier (NPI) please continue.  
If you are not required to have an NPI please contact DSHS.

Select the Enrollment Applicable Form

☒ Individual  
☐ Group Practice  
☐ Billing Agent/Clearinghouse  
☐ Fac/Agency/Orgn/Inst  
☐ Tribal Health Services

Close Submit

- ✓ Click on “Individual” to add the rendering/servicing provider to your Domain.

# Enrolling a Pharmacist

- At the Basic Information page for the rendering provider enrollment start by checking the **SSN** radio button :

Basic Information: If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.

Tax Identifier Type: ☐ FEIN ☒ **SSN** ← 1

Organization Name:  (as shown on Income Tax Return)  
Organization Business Name:  FEIN:

First Name:  (as shown on Social Security Card) Middle Name or Middle Initial:   
Last Name:  (as shown on Social Security Card)  
Suffix:  Gender:   
SSN:  Title:   
Date of Birth:  ← 2 **Servicing Type: Servicing Only** ← 2

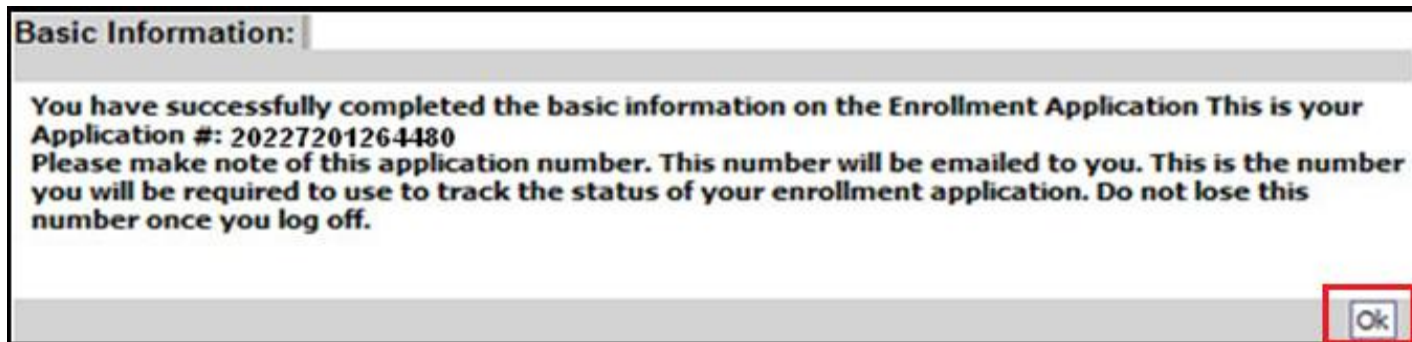
NPI:  \* ← 3  
W-9 Entity Type: ---SELECT--- \* ← 4 UBI:   
Other Organizational Information: ---SELECT--- 5 ← W-9 Entity Type (If Other):   
Enrollment Effective Date:  Email Address:   
Receive Invoice for Medical Services?: No \*  
Finish Cancel

- ✓ First & Last Name, SSN, Gender, & Date of Birth required.
- ✓ Select “Servicing Only” as the Servicing Type.
- ✓ All other boxes with an asterisk \* require data.
- ✓ W-9 Entity Type is “Other”, then enter “**Servicing Only**”



# Enrolling a Pharmacist

- Once the Basic Information page is filled in click the “Finish” button.
- The basic information on the enrollment application is submitted into ProviderOne which generates the Application number.

A screenshot of a web application window titled "Basic Information:". The main text reads: "You have successfully completed the basic information on the Enrollment Application This is your Application #: 20227201264480 Please make note of this application number. This number will be emailed to you. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off." In the bottom right corner, there is a small button labeled "Ok" which is highlighted with a red rectangular box.

- Please record this application number. Then click “OK.”

**Tip:** If enrolling multiple pharmacists, print this application number page and record the pharmacist name and SSN on the print out to track the application later.

# Enrolling a Pharmacist






## ➤ Business Process Wizard

- ✓ The steps with the arrows should be filled out.

**Important - Step 11: EDI Submission Method is Required if FTP/Web Batch Submitter or Retrieving 835s.**

**Enroll Provider - Individual:**

**Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column.**

Step	Required	Start Date	End Date	Status	Step Remark
Step 1 : Provider Basic Information	Required	04/01/2010	04/01/2010	Complete	
Step 2 : Add Locations	Not Required			Incomplete	
Step 3 : Add Specializations 	Required			Incomplete	
Step 4 : Add Ownership Details	Not Required			Incomplete	
Step 5 : Add Licenses and Certifications 	Optional			Incomplete	
Step 6 : Add Training and Education	Optional			Incomplete	
Step 7 : Add Identifiers	Optional			Incomplete	
Step 8 : Add Contract Details	Not Required			Incomplete	
Step 9 : Add Federal Tax Details	Optional			Incomplete	
Step 10 : Add Invoice Details	Optional			Incomplete	
Step 11 : Add EDI Submission Method	Not Required			Incomplete	
Step 12 : Add EDI Billing Software Details	Not Required			Incomplete	
Step 13 : Add EDI Submitter Details	Not Required			Incomplete	
Step 14 : Add EDI Contact Information	Not Required			Incomplete	
Step 15 : Add Billing Provider Information 	Optional			Incomplete	
Step 16 : Add Payment Details	Not Required			Incomplete	
Step 17 : Complete Enrollment Checklist 	Required			Incomplete	
Step 18 : Submit Enrollment Application for Review 	Required			Incomplete	

# Enrolling a Pharmacist

## Description of each required step

- ✓ Step 3: Specializations
  - Add **183500000X-Pharmacist** Taxonomy here.
  - Taxonomies listed must be supported by DOH licensure.
- ✓ Step 5: Licenses and Certifications
  - Enter license/certification issued by the Department of Health.
- ✓ Step 15: Billing Provider Details
  - Add the NPI and Name of the Pharmacists Primary Pharmacy.
  - Add other Pharmacy employers/locations as desired.
- ✓ Step 17: Complete Enrollment Checklist.
- ✓ Step 18: Submit Modification for Review
  - Open this and click the Submit Button to send to the State for approval.
- ✓ Send Provider Enrollment all required supporting documentation.
  - License and Certifications.
  - DEA Certification (if applicable).


# Enrolling a Pharmacist

## ➤ Step 3 of Business Process Wizard

- ✓ Click on hyperlink **Step 3: Add Specializations** (required). This Step is actually where your taxonomy is represented by the Provider Type, Specialty and Subspecialties.

<a href="#">Step 3: Add Specializations</a>		Required			Incomplete	
---	---	----------	--	--	------------	--

- ✓ Click on the Add button



Close	Add	Update
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Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List:

Filter By :

<input type="checkbox"/>	Provider Type ▲ ▼	Specialty/Subspecialty □ ▼	Location Number ▲ ▼	Location Name ▲ ▼	Administration ▲ ▼	End Date ▲ ▼
No Records Found !						

# Enrolling a Pharmacist

➤ The **Business Process Wizard** takes you to the **Add Specialty/Subspecialty** screen. This screen utilizes several drop-down lists to help identify your information.

The screenshot shows the 'Add Specialty/Subspecialty' screen with the following fields and values:

- Location:** 00- Tacoma 301
- Administration:** HRSA-Health and Recovery Services Administration
- Provider Type:** 18-Pharmacy Service Providers
- Specialty:** 35-Pharmacist
- Start Date:** (empty)
- End Date:** (empty)

Red arrows point to the Location, Administration, Provider Type, Specialty, Start Date, and End Date fields. A blue box on the right contains the following checklist:

- ✓ Location: Highlight one;
- ✓ Administration is **HRSA**;
- ✓ Provider Type is Pharmacy (other services taxonomy will be listed as a different Provider Type);
- ✓ No End Date is required.

Below the main form is the 'Add Taxonomy Code' section. It features two columns: 'Available Taxonomy Codes' and 'Associated Taxonomy Codes \*'. The 'Available Taxonomy Codes' list includes:

- 183500000X-Pharmacist
- 1835G0000X-General Practice
- 1835G0303X-Geriatric
- 1835N0905X-Nuclear
- 1835N1003X-Nutrition Support
- 1835P1200X-Pharmacotherapy
- 1835P1300X-Psychiatric
- 1835X0200X-Oncology

The '183500000X-Pharmacist' code is highlighted in blue. A red box highlights the '>>' button, which is used to move the selected code to the 'Associated Taxonomy Codes' column. A blue box on the left contains the text: '183500000X – Pharmacist is the required taxonomy, others listed are optional.'

At the bottom right, there are 'OK' and 'Cancel' buttons, with a red arrow pointing to the 'OK' button.

# Enrolling a Pharmacist

- The **Business Process Wizard** returns to the **Specialty/Subspecialty List** screen and displays all your choices. Click on the close button.

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List:

Filter By :   And

Operational Status:

<input type="checkbox"/>	Provider Type ▲ ▼	Specialty/Subspecialty ▲ ▼	Administration ▲ ▼	Start Date ▲ ▼
<input type="checkbox"/>	18-Pharmacy Service Providers	35-Pharmacist/00000-Pharmacist	HRSA	06/20/2012

# Enrolling a Pharmacist

- Click on the **Step 5: Add Licenses and Certifications** hyperlink. (Required). The blank License/Certification screen15 opens.

Step 5: Add Licenses and Certifications	↔	Optional			Incomplete	
---	---	----------	--	--	------------	--

- Click on the Add button to add license/certification details.

The screenshot shows the ProviderOne application interface. At the top, there is a navigation bar with tabs: My Inbox, Admin, Provider, Claims, Reference, Client, TPL, Drug Rebate, and Rate Setting. Below the navigation bar is a 'Welcome' section. To the left of the 'Welcome' section is a 'Menu' button with a red arrow pointing to it. Below the 'Menu' button are 'Close' and 'Add' buttons. The 'Add' button is highlighted with a red arrow. Below the 'Add' button is a 'License/Certification List:' section. This section includes a 'Filter By:' dropdown menu, two input fields, and a 'Go' button. Below the input fields is a table with columns for 'License/Certification #' and 'License/Certification #'. The table is currently empty, and a red message 'No Records Found !' is displayed at the bottom right of the table area.

# Enrolling a Pharmacist

License/Certification Type: 

- Click on the down arrow to display all the **License/Certification** options and click on your choice to highlight.

Location:  \*

License/Certification Type:  \* License/Certification #:  \*

Effective Date:  \* End Date:  \*

- Now enter the License/Certification number.
- Enter the Effective Date of the License/Certification; then
- Add the End Date or expiration date for the License/Certification.
- If the License/Certification does not expire use the date 12/31/2999 in this field.
- Click OK when done.



# Enrolling a Pharmacist

- Your chosen License should now be displayed.

Close Add

License/Certification List:

Filter By :  And

Operational Status: Active

<input type="checkbox"/>	License/Certification Type ▲▼	License/Certification # ▲▼	Effective Date ▲▼	End Date ▲▼
<input type="checkbox"/>	PROFESSIONAL LICENSE	PH 00055505	05/27/2005	10/06/2012

- Click the Close button to go to the next step.

# Enrolling a Pharmacist

- Click on **Step 15: Add Billing Provider Details**. While this hyperlink is listed as optional, the Agency wants the Servicing Only Provider to report what Group or Pharmacy Provider they work for.

Step 10: Add Invoice Details	Not Required			Complete
Step 11: Add EDI Submission Method	Not Required			Complete
Step 12: Add EDI Billing Software Details	Not Required			Complete
Step 13: Add EDI Submitter Details	Not Required			Complete
Step 14: Add EDI Contact Information	Not Required			Complete
Step 15: Add Billing Provider Details	Optional			

Close Add

Billing Provider List:

Filter By: [dropdown] [text box] And [dropdown] [text box]

Status: Active [dropdown] Go

	ProviderOne ID ▲ ▼	Billing Provider NPI ▲ □	Billing Provider Name ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼
<input type="checkbox"/>						

- From the blank Billing Provider Screen click the Add button.

# Enrolling a Pharmacist

- Enter the NPI number of the Primary Pharmacy then click the **Confirm Provider** button.

Add Billing Provider:

Provide Billing Provider ID Details.

ProviderOne ID / NPI :  \*

Provider Name :

- ProviderOne finds the Pharmacy and displays the name.

Add Billing Provider:

Provide Billing Provider ID Details.

ProviderOne ID / NPI : 1234567890 \*

Provider Name : SAFEWAY PHARMACY

- Click on the OK button to finish, then close; or
- Additional Pharmacies can be added using this process.

# Enrolling a Pharmacist

## ➤ Step 17: Complete Enrollment Checklist.

Welcome User, Guest . Links: --Select--

Path: New Enrollment/ Individual Enrollment  
Application Id: 20100419598407 Name: Individual

Close Save

Provider Checklist:

Question	Answer	Comments
Have you or any employee ever had an Assessment taken against you?	Not Completed	
Have you or any employee ever had an Administrative Sanction against you?	Not Completed	
Have you or any employee ever had a Suspension of Payment taken against you?	Not Completed	
Have you or any employee ever had a Restitution Order taken against you?	Not Completed	
Have you or any employee ever had a Program Exclusion taken against you?	Not Completed	
Have you or any employee ever had a Program Debarment taken against you?	Not Completed	
Have you or any employee ever had a Pending Criminal Judgement taken against you?	Not Completed	
Have you or any employee ever had a Pending Civil Judgement taken against you?	Not Completed	
Have you or any employee ever had a Judgment Pending Under False Claims Act taken against you?	Not Completed	
Have you or any employee ever had a Criminal Fine taken against you?	Not Completed	
Have you or any employee ever had a Civil Monetary Penalty taken against you?	Not Completed	
Has Applicant, or employees, ever been convicted of any health related crimes?	Not Completed	
Has Applicant, or employees, ever been convicted of a crime involving the abuse of a child or an elderly adult?	Not Completed	

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Answer each question **Yes** or **No**.

**Yes**, answers require additional comments.

- Click Save then
- Click Close

# Enrolling a Pharmacist

## Step: 18 Submit Enrollment Application for Review

Close Submit Enrollment

**Final Submission:**

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

**Instructions for submitting documentation:**

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the Application number in the 'Application #' field of the cover sheet.
4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.

**Application Document Checklist:**

Forms/Documents □ ▼	Special Instructions ▲ ▼	Source ▲ ▼	Required ▲ ▼
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	<a href="http://www.irs.gov">http://www.irs.gov</a>	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications	<a href="https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp">https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp</a>	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		YES
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	<a href="http://dor.wa.gov/content/home/brd/default.aspx">http://dor.wa.gov/content/home/brd/default.aspx</a>	YES

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Click the blue  
“[this link](#)” text  
to open the  
documentation  
cover sheet.

# Documentation Cover Sheet

- Choose the Application ID as the Type.
- Type in the application number in the ID field and hit “Enter”.

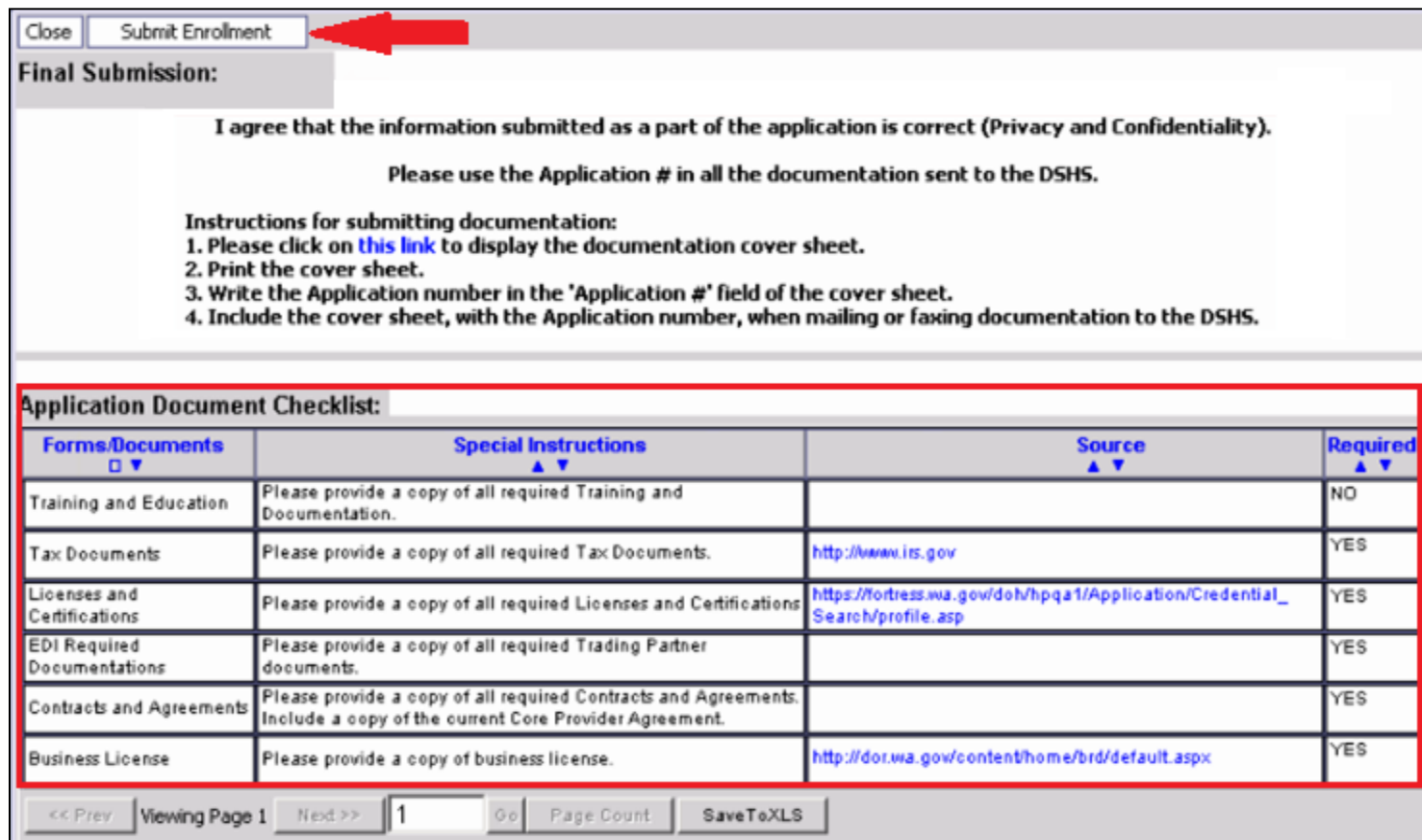
The screenshot shows a web form titled "ProviderOne" with the subtitle "Provider Enrollment Supporting Document Submission Cover Sheet". At the top, there are four thick black horizontal bars. On the right side, there are four thick black vertical bars. The form contains the following elements:

- Identifier Type:** A dropdown menu with the text "---select a value---". A red arrow points to this dropdown. The dropdown menu is open, showing three options: "Application ID" (highlighted in blue), "NPI", and "ProviderOne ID".
- ID:** A text input field next to the dropdown menu.
- Barcode:** A barcode is displayed below the ID field, enclosed in a red rectangular box.
- Buttons:** Two buttons are located at the bottom: "Print Cover Sheet" and "Clear Fields".
- Footer:** The text "Provider Enrollment, PO Box 45562, Olympia, WA 98504-5562" is at the bottom center.

- The Bar Code expands to a code of the ID number.
- Print the Cover Sheet.
- Close the cover sheet.

# Enrolling a Pharmacist

- To submit the application simply click on the **Submit Enrollment** button.
- All the documents listed here are NOT REQUIRED for enrolling a “**Servicing Only**” provider.



Close Submit Enrollment

**Final Submission:**

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

**Instructions for submitting documentation:**

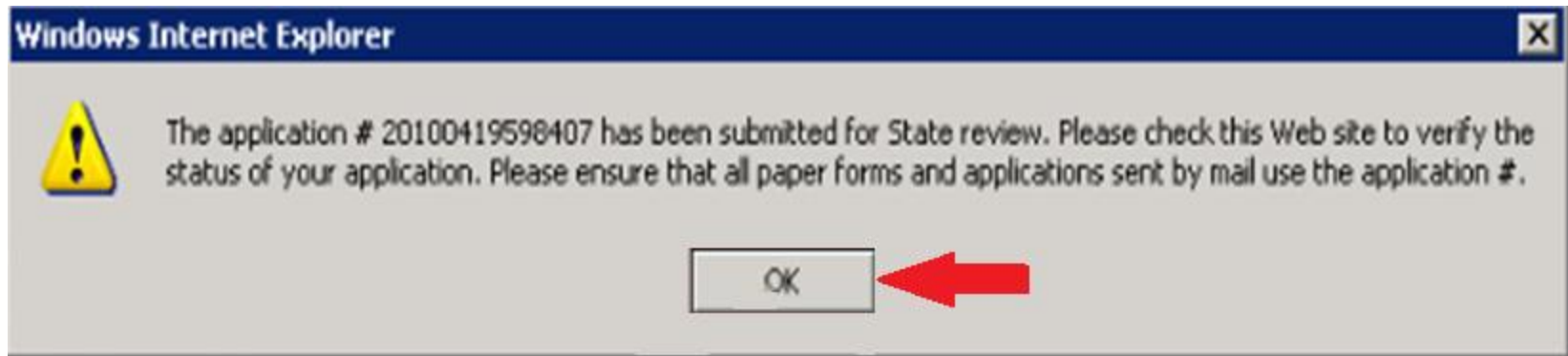
1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the Application number in the 'Application #' field of the cover sheet.
4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.

**Application Document Checklist:**

Forms/Documents □ ▼	Special Instructions ▲ ▼	Source ▲ ▼	Required ▲ ▼
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	<a href="http://www.irs.gov">http://www.irs.gov</a>	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications	<a href="https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp">https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp</a>	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		YES
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	<a href="http://dor.wa.gov/content/home/brd/default.aspx">http://dor.wa.gov/content/home/brd/default.aspx</a>	YES

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# Congratulations your application has been submitted!





# Enrolling a Pharmacist – Self Enrollment

- The Guest User could then track the application progress by:
  - ✓ Going to the Provider Enrollment web page at <http://hrsa.dshs.wa.gov/ProviderEnroll/enroll.shtml#provider>
  - ✓ Click on the track application hyperlink.

## Step 5: Check the status of your enrollment application online.

If you started an online enrollment but have not completed the required steps, you may [track your online enrollment application](#) by using the system generated Application ID, and the SSN or FEIN you entered on the enrollment. This allows you to complete the enrollment and submit it to DSHS for review and approval.

If your enrollment is approved you will be given a new ProviderOne id. You will also need security credentials to log into ProviderOne. Please complete the [Provider Supplemental Information Form](#) to request a ProviderOne user id and password. Once you have these credentials you can log into ProviderOne at (<https://www.waproviderone.org/>).

For more information on managing your provider file, go to:

- [How to set up security access](#)
- [How to obtain provider training](#)
- [ProviderOne billing guide](#)

- ✓ The Pharmacy business office can track the application in the Domain.

# Mail the following documents

- Print the [document submission cover sheet](#) and attach to all required documentation
  - ✓ Copy of current Professional License
  - ✓ Copy of DEA Certification (if applicable)
  
- Mail to Provider Enrollment.
  - ✓ Provider Enrollment  
PO Box 45562  
Olympia, WA 98504-5562

**Do not send** the following:

- ✓ The checklist (if used) to complete this application.
- ✓ Double-sided documentation.
- ✓ Curriculum Vitae or Resumes.
- ✓ Copies of driver licenses or passports.

# References

## ➤ Provider Enrollment Web Page

<http://hrsa.dshs.wa.gov/ProviderEnroll/enroll.shtml#provider>

- ✓ Provider Enrollment  
PO Box 45562  
Olympia, WA 98504-5562
- ✓ Fax – 1-866-668-1214. The bar code coversheet must be the first page of the fax with all required documents behind. One enrollment documentation per cover sheet.
- ✓ Phone 800-562-3022 ext 16137

## ➤ Provider Relations Training Web Page

<http://hrsa.dshs.wa.gov/provider/training.shtml>

## ➤ Pharmacy Program Web Page

<http://hrsa.dshs.wa.gov/pharmacy/>